



Last Updated: 03/09/2022

Prior Authorization Request Process Through KePRO--Electronic Submission of PA Requests through iEXCHANGE™

The purpose of this memo is to inform inpatient providers of the process for submitting electronic prior authorization (PA) requests to KePRO, DMAS' prior authorization contractor. In an effort to move towards a "paperless" system and to streamline the prior authorization process, all inpatient providers who submit PA requests to KePRO are strongly encouraged to do so via Direct Data Entry (DDE) using KePRO's web based iEXCHANGE™ system by October 1, 2009. All information submitted to KePRO for review of a prior authorization request, changes to existing cases, and additional information may be submitted via iEXCHANGE™. Virginia Medicaid providers have been successfully submitting requests to KePRO via iEXCHANGE™ since 2006. There is a high level of satisfaction with this submission method, and few problems have been reported.

Benefits of iEXCHANGE™

Using iEXCHANGE™ has many advantages. Among the benefits are:

- Eliminating transcription errors;
- Eliminating rejected cases when basic demographic information is not included;
- Increasing speed of reviewer access to PA requests - cases submitted go directly to a review queue;
- Confirmation of successful submissions occurs in real time at the time of submission; and
- PA requests, updates and case viewing are available at any time, from virtually anywhere high speed internet access is available. Once a PA number has been generated, it is available for viewing in iEXCHANGE™.

Registration is required to access and use iEXCHANGE™. You must have an iEXCHANGE™ account before submitting information through iEXCHANGE™. To register for an iEXCHANGE™ account, please have the following information ready to enter on the registration site: 1) Remittance Advice (RA) payment address ("Pay To" address); **and either** 2) 1099 total amount (current year to date total); **or** 3) last Remittance date (last payment date). It may be necessary to contact your agency's Business Office or Billing Department for this information. You may register at <https://dmas.kepro.org/>. Simply click on the "First



time registration for

iEXCHANGE” button and you will be prompted through the registration process and assigned a password after registering. Your password will be sent via e-mail and may take up to 10 business days to receive after completing the registration process. Early registration is encouraged; it is strongly recommended that you register by September 16, 2009 in order for providers to get passwords and set up accounts prior to the implementation date. This will ensure that you will be able to access and use iEXCHANGE™ by October 1, 2009. Once you receive your password, you will be able to set up your account, specify users within your organization, and customize your account. Early registration is encouraged, as all timely submission requirements remain in effect after October 1, 2009.

Available Tools to Assist in Submitting Inpatient Prior Authorization Requests

KePRO has developed a tool for each Inpatient service requiring PA through KePRO to assist providers in submitting appropriate clinical information via iEXCHANGE™. For Inpatient Services, KePRO has developed useful guides “*Required PA Information*” check lists for PA requests. These guides will be available on the KePRO website at <https://dmas.kepro.org>. The purpose of these ‘check lists’ is to assist providers regarding the type of clinical information needed for each request, and how to provide concise, focused PA requests with appropriate clinical information. These check lists may be used as a tip sheet for all of the important items to include in your request or can be used as a template for your actual request – simply edit, copy, and paste into iEXCHANGE™. Using these sheets and referring to them during the submission process will decrease the number of cases pended by KePRO for missing or additional information, and speed up the processing time.

Training and Assistance

KePRO will offer frequent trainings regarding iEXCHANGE™ account set-up and information on how to submit requests via iEXCHANGE™. Please visit KePRO’s website for specific training information/schedules and a directory of available trainings that can be viewed at your convenience, including how to navigate the iEXCHANGE™ system at: <https://dmas.kepro.org/>. Click on the *Training* tab where



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you will see a link to *Scheduled Training Live and Recorded*, as well as a listing by review type of all training documents available for reading and download.

To attend a scheduled web based training:

Go to the KePRO website, <https://dmas.kepro.org>, click on the *Training* tab and you will see the

Scheduled Training Live and Recorded link. This will take you to the live and recorded sessions.

Registration is not required to attend KePRO's live web presentations, but space is limited to 100 attendees. All recorded training will be available to you to view at your convenience at any time.

<u>KePRO Contact Information</u>	<u>DMAS Contact Information</u>
E-Mail: ProviderIssues@kepro.org Customer Service Assistance: Toll Free 1-888-VAPAUTH (1-888-827-2884) Local Phone: (804) 622-8900 http://dmas.kepro.org/	E-Mail: PAUR06@dmas.virginia.gov PAUR Unit Phone: 804-225-3536 DMAS Provider Helpline: 800-552-8627 (in-state long distance) 804-786-6273 (local and out-of-state) www.dmas.virginia.gov

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status



via iEXCHANGE™ at <http://dmas.kepro.org/>.

Alternate Methods to Look Up Information

Effective August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned will pertain to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

Eligibility Vendors

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. For more information on the services that are offered contact the vendors:

Passport Health
Communications, Inc.
www.passporthealth.com
sales@passporthealth.com

Telephone #: (888) 661-5657

SIEMENS Medical Solutions – Health
Services Foundation Enterprise
Systems/HDX www.hdx.com

Telephone #: (610) 219-2322

Emdeon
www.emdeo



[n.com](#)

Telephone #: (877) 363-3666

Requests for Duplicate Remittance Advices

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices will be applied to paper requests, effective July 1, 2009.

Copies of Manuals

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the

"Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

Provider E-Newsletter Sign-Up

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at:



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.